

#### STATE OF NEW HAMPSHIRE

### 2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

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APR 2 b 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s) Christopher Hodglon
II. Name of lobbyist's partnership, firm or corporation, if any:
(Name of partnership, firm or corporation)
Business Address: (Street) Concord Mil 03301  (Town/City) (State) (Zip Code)
(603) 628-3380 () — e-mail Chris_ Hoffen @ comes
III. This statement covers: (Choose one – file separate reports for each client, OR you may file a separate report for reportable expense transactions which are not attributable to any one client).
All reportable transactions occurring in the months prior to the reporting date relative to the following client:
(Full Name of Client as it appears on the Lobbyist Registration Form)
(Full Name of Client as it appears on the Lobbyist Registration Form)  OR
All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed below which are unrelated to any particular client.
IV. Date of Report April 26, 2017 July 26, 2017 Duly 26, 2017 Reports cover: activity from date of registration to 3/31/17 activity from 4/1/17 to 6/30/17
October 25, 2017 January 31, 2018 activity from 7/1/17 to 9/30/17 activity from 10/1/17 to 12/31/17
V. There have been no fees received and no reportable transactions made since the last report.  If this box is checked, complete just this form and submit it to the Secretary of State's Office, State House, Room 204, Concord, NH 03301.
VI. Check if additional reports are attached:
If you have received fees or made expenditures, you must file Addendum A- Fees and Expenses
If you have paid an honorarium or reimbursed expenses, you must file <b>Addendum B</b> — Report of Honorariums or Expense Reimbursement
If you, your firm, or your family has made political contributions, you must file <b>Addendum</b> C-Political Contributions
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.
4-19-2018
(Signature of lobbyist) (Date)
(Print Name of lobbyist)

# STATE OF NEW HAMPSHIRE



# Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Christophe Hod lon				
II. Name of lobbyist's partnership, firm or corporation, if any:				
(Name of partnership, firm or corporation)				
III. Name of Client Concest NBC Universe!	Date 4-19-18			
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses:	relations, or public relations services			
a) Total of all fees received in this reporting period	a)\$ 23,000			
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year)	b) \$ar)			
c) Total of all fees received to date (Add lines a and b)	08 23600			
d) Indicate the amount of any such fees that are due, but have not yet been paid	c) \$ 23,600 d) \$			
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to report fees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report mexpenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office expindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of less being lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greater restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	lient and if expenditures are made by may be filed for the lobbyist(s)/firm. aggregate total of all expenses paid penses; (b) the aggregate total of all expenses purchased during a business is than \$10 that is given to the person d with a value of \$25.00 or less); and ting period of greater than \$25.00 for e of greater than \$25, purchase of a than \$25, but not greater than \$50, expense reimbursement, or political			
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.  Mileux and travel expenses related directly or indirectly to lobbying.  b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.  c) Total of all itemized expenditures reported in detail in section VI.	a) \$ b) \$ c) \$			

d) Total expenses for this reporting period (Add lines a, b and c)	d)\$_\27
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e)\$ <del></del>
f) Total of all expenses year to date	1)\$_127
VI. Other Expenses:  Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	m that the foregoing information
(Signature of lobbyist)	
(Print Name of lobbyist)  (Print Name of lobbyist)	

# STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

I. Name of Lobbyist(s)	hristopher P	todgdan			
II. Name of lobbyist's par	tnership, firm or co	poration, if any:			
(Name of Client Concest NBC Universal  WBC Universal  (Name of Client Concest NBC Universal  Date 7-19-18					
Full name of candidate:	Kahn (Last Name)	Jay (First Name)	(Middle Name/Initial)		
Amount of contribution \$	250-	Office Candidate i	s Seeking State Sent		
	ribution on the line abo		ds or services provided, and enter the ation. If the actual cost is not known,		
Full name of candidate:	(Last Name)	James (First Name)	(Middle Name/Initial)		
Amount of contribution \$	250-	Office Candidate is	Seeking State Sayute		
	ribution on the line abo		ls or services provided, and enter the ation. If the actual cost is not known,		
Full name of candidate:					
i un name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)		
Amount of contribution \$		Office Candidate is	Seeking		

of the goods or services provided, and enter the of contribution. If the actual cost is not known,
on separate addendum C forms.)
ar or affirm that the foregoing information
4-19-2018 (Date)